

International Drug Sales

Form 1

CUSTOMER INFORMATION

First Name:		Last Name:		
Date of Birth:	Weight (lbs):	Height:	Gender: F M	
Phone:	Fax:	Email:		
Primary Address:				
City:	State / Country:		Zip Code:	

CONTACT INFORMATION

Contact name:	Phone:	Relationship:
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SECONDARY ADDRESS INFORMATION (IF ANY)

Address:		Phone:
City:	State:	Zip Code:

CURRENT MEDICATION: Please list all medication you are currently taking

Medication	Strength	How many	How often	How long	How effective

Please list all allergies to medications:		
Smoker: (circle one)	Yes	No
Medical history:		
Will you accept a generic version of the drug to save more? (if available)	YES	NO
How did you hear about us?		

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Form 2

PRIMARY PHYSICIAN INFORMATION

Doctor's Name:			
Address:	City:	State:	Zip Code:
Phone:		Fax:	

PRESCRIPTION ORDER LIST

<i>Medication</i>	<i>Strength (mg)</i>	<i>Quantity</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Shipping: There will be a charge of \$15.95 per household order to United States and \$34.95 to most other countries.

Shipping time: 15business days

Return: The customer acknowledges that the ordered product cannot be returned or exchanged.

Prescription: Please fax or mail your prescription along with your completed and signed forms.

Minimum order \$45.00

<i>Customer Name:</i>	<i>Signature:</i>	<i>Date:</i>
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PAYMENT INFORMATION

*Type of card: Visa * MasterCard * Debit Card*

<i>Cardholder's First Name:</i>	<i>Last Name:</i>	
<i>Credit Card Number:</i>	<i>Expiration Date: /</i>	
<i>Cardholder's Signature:</i>	<i>Date:</i>	

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Form 3

PHARMACY/ C.D.S. AUTHORIZATION & RELEASE FORM

International Drug Sales (IDS) / All Providers, Agents and Suppliers

This form is legally required by Health Canada to be signed and kept on file in order to export prescription medications to the United States. It simply confirms that all U.S. residents are complying with provincial and federal pharmaceutical regulations. All Canadian pharmacies exporting prescription medications to the States must have this form signed by the Client.

The undersigned (hereinafter the "Client") confirms that:

1. The Client is of the age of majority in the jurisdiction in which the Client ordinarily resides ("Place of Residence").
2. The Client is not restricted from making his or her own medical decisions under the laws of the Place of Residence of the Client.
3. The Client confirms to International Drug Sales (IDS) /All Providers, Agents and Suppliers (hereinafter "Provider") that the pharmaceutical(s) ordered by the Client ("Ordered Product") were prescribed by a duly qualified medical practitioner in the Place of Residence of the Client after a personal examination by the prescribing physician necessitating the need for the Ordered Product(s) for the Client's specific diagnosed medical condition.
4. The Client has not violated any laws in the Place of Residence of the Client in obtaining the prescription for the Ordered Product.
5. The Client confirms that the Ordered Product will not be used in any way whatsoever, except as prescribed by the duly qualified medical practitioner who originally issued the prescription to the Client ("Client's Doctor") and that the duty of care is the responsibility of the Client's Doctor.
6. The Client confirms that no other person other than the Client will use the Ordered Product.
7. The Client confirms that he or she did not seek or request a medical opinion of the Canadian licensed co-signing physician regarding the strength, dosage, usefulness or qualities of the Ordered Product or the duration of use, frequency of use or appropriateness for there particular medical condition, or do they seek any medical advice in any way from the Canadian co-signing physician.
8. The Client releases and discharges the Providers and all of their officers and directors, agents and employees from any and all liability, claims or causes of action with respect to the use or application of the Ordered Product by the Client including, but not limited to undesired side effects.
9. The Client confirms the release in the preceding paragraph also benefits and protects any Canadian Physician retained to lawfully issue the prescription in Canada as directed by the Client's Doctor.
10. The Client confirms that International Drug Sales . is strictly the administration office and is not staffed with medical or technical practitioners. All medications are dispensed at licensed retail pharmacies by licensed pharmacists.
11. The Client agrees that child protective packaging may not be used by the Providers, and the Client releases and discharges the Providers and all of their officers and directors, agents and employees from any and all causes of action with respect to errors or omissions by the company or agency responsible for transporting the Ordered Product to the Client.
12. The Client grants Limited Power of Attorney to the Providers and purchasing agents, for the limited purpose of signing any documents As required by the laws of the Province of British Columbia (Canada) which are necessary to permit the delivery of the Ordered Product to the Client, in the same manner as the Client could, if the Client had personally attended at the Providers place of business in British Columbia, Canada.
13. The Client attorns to the jurisdiction of British Columbia, Canada and agrees that any dispute that arises between the Client and the Providers shall be heard by the courts in British Columbia, Canada. The Provider and Client hereby submit to the jurisdiction of British Columbia and agree that any dispute shall be heard by the Courts in British Columbia, Canada, including, but not limited to, any claims of negligence and/or malpractice. Further, the Client agrees that the laws of British Columbia, Canada shall apply in such a proceeding, agrees to these provisions on the basis that the Client understands that he/she is actively doing business in British Columbia, Canada pursuant to the laws, policies and privileges of Canadian law, including, but not limited to, the laws of British Columbia, Canada and that the Client is benefiting from such laws, policies and privileges by participating in this program.
14. The Client acknowledges that the Ordered Product may not be returned for a refund or an exchange.
15. Prices: Our prices are in U.S. Dollars and based on \$1.45 exchange rate. All credit cards will be charged in Canadian Dollars at the Current exchange rate at the time of purchase..

BY SIGNING THIS DOCUMENT THE CLIENT CONFIRMS THAT HE/SHE HAS READ AND UNDERSTOOD THESE TERMS AND THAT THEY ARE TRUE AND CORRECT AND THE CLIENT AGREES THAT THE TERMS HEREIN ARE BINDING ON THE CLIENT AND THEIR HEIRS, ASSIGNS, SUCCESSORS AND PERSONAL REPRESENTATTVES

Print name:	
Signature:	Date: